

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. FILING DATE

**10/031994**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
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TOTAL CL.		9				

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**BEST AVAILABLE COPY**

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS